



PTO/SB/22 (12-04)

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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |   | Docket Number (Optional)<br>4829-0102PUS1  |                                    |
| Application Number<br>10/522,745-Conf. #9303  |   | Filed<br>January 28, 2005  |                                    |
| For THERMOPLASTIC ELASTOMER MOLDING   |   |  |                                    |
| Art Unit<br>1711  |   | Examiner<br>J. C. Mullis   |                                    |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |   |  |                                    |
|   |   | <u>Fee</u>   | <u>Small Entity Fee</u>            |
| <input checked="" type="checkbox"/>   | One month (37 CFR 1.17(a)(1))   | \$120  | \$60 \$ 120.00                     |
| <input type="checkbox"/>  | Two months (37 CFR 1.17(a)(2))  | \$450  | \$225 \$                           |
| <input type="checkbox"/>  | Three months (37 CFR 1.17(a)(3))  | \$1020   | \$510 \$                           |
| <input type="checkbox"/>  | Four months (37 CFR 1.17(a)(4))   | \$1590   | \$795 \$                           |
| <input type="checkbox"/>  | Five months (37 CFR 1.17(a)(5))   | \$2160   | \$1080 \$                          |
| <input type="checkbox"/>  | Applicant claims small entity status. See 37 CFR 1.27.  |  |                                    |
| <input checked="" type="checkbox"/>   | A check in the amount of the fee is enclosed.   |  |                                    |
| <input type="checkbox"/>  | Payment by credit card. Form PTO-2038 is attached.  |  |                                    |
| <input type="checkbox"/>  | The Director has already been authorized to charge fees in this application to a Deposit Account.   |  |                                    |
| <input checked="" type="checkbox"/>   | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448. I have enclosed a duplicate copy of this sheet. |  |                                    |
| I am the  | <input type="checkbox"/>  | applicant/inventor.  |                                    |
|   | <input type="checkbox"/>  | assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). |                                    |
|   | <input checked="" type="checkbox"/>   | attorney or agent of record. Registration Number 32,181  |                                    |
|   | <input type="checkbox"/>  | attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34                                      |                                    |
|   | Signature<br><i>Marc S. Weiner</i>  |  | Date<br>April 10, 2006             |
|   | Typed or printed name<br>Marc S. Weiner   |  | Telephone Number<br>(703) 205-8000 |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |   |  |                                    |
| <input type="checkbox"/>  | Total of 1 forms are submitted.   |  |                                    |

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